

# ERTIFICATE OF LIABILITY INSURANCE

C/OOYODO Into min gueden sprendor RESOURCES, 15485100

DATE (MM/DD/YYYY) 6/1/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

C	ertifi	icate holder in lieu	of such endors	seme	ent(s)							
PRODUCER					DECEMEN	CONTAC NAME:	СТ					
Commercial Lines - (304) 252-6375						RECEIVED		PHONE (A/C, No, Ext):		FAX (A/C, No):		
Wells Fargo Insurance Services of West Virginia Inc.							E-MAIL ADDRES	•				
41 Eagles Road  JUN 0 7 2012									SURER(S) AFFOR	DING COVERAGE		NAIC #
Beckley WV 25801-3643							Great Midwest Insurance Company					
INSU	RED					DIV. OF OIL, GAS & MINING	INSURER B: Rockwood Casualty Insurance Company					35505
Hid	den	Splendor Resource	es, Inc. & Mid Sta	ate S			INSURE					
326	6 S	outh 125 West					INSURE					
							INSURER E :					
Prio	e, L	JT 84501					INSURE					
CO	VER	RAGES	CER	TIFIC	CATE	NUMBER: 4413805	INOUNE	<u> </u>		REVISION NUMBER: S	ee he	low
						RANCE LISTED BELOW HAY	VE BEE!	N ISSUED TO				1011
						NT, TERM OR CONDITION						
						THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE				HEREIN IS SUBJECT TO	O ALL	THE TERMS,
INSR	CL	TYPE OF INSUI		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP	LIMIT		
LTR	GE	NERAL LIABILITY	RANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1.000.000
Α	X	1		X		Binder		06/04/12	06/04/13	EACH OCCURRENCE DAMAGE TO RENTED	\$	100,000
		COMMERCIAL GENER	7.7							PREMISES (Ea occurrence)	\$	
	-	CLAIMS-MADE	X OCCUR							MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	2,000,000
		N'L AGGREGATE LIMIT A	APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X	POLICY JECT	LOC	-						COMBINED SINGLE LIMIT	\$	
Α	-	TOMOBILE LIABILITY				Binder		06/04/12	06/04/13	(Ea accident)	\$	1,000,000
	X	ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS	AUTOS							BODILY INJURY (Per accident)		
	X	HIRED AUTOS X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α		UMBRELLA LIAB	X OCCUR			Binder		06/04/12	06/04/13	EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	5,000,000
		DED RETENTION	ON\$								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC455592		09/30/11	09/30/12	X WC STATU- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNE	R/EXECUTIVE	N/A					- 3/ 00/ 12	E.L. EACH ACCIDENT	\$	1,000,000
	OFF	ICER/MEMBER EXCLUD	ED?	N/A						EL DISEASE EA FAIDLOVEE	C.	1.000.000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Utah Division of Oil, Gas and Mining as Additional Insured; General Liability Coverage with respects to Horizon Mine Permit #ACT/007/020; General Liability includes Blasting and XCU coverage. 45 days cancellation notice provided to Utah Division of Oil, Gas and Mining

### CERTIFICATE HOLDER

(Mandatory in NH)

DESCRIPTION OF OPERATIONS below

Utah Division of Oil, Gas and Mining 1594 W North Temple

(This certificate replaces certificate# 4413788 issued on 6/1/2012)

Suite 1210

Salt Lake City, UT 84114-5801

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

1,000,000

002982 ACORD 25 (2010/05)





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/1/2012

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PRO	DUCER		DECEIVED	CONTAC NAME:	СТ				
Cor	mmercial Lines - (304) 252-6375		RECEIVED	PHONE (A/C, No	Ev#\.		FAX (A/C, No):		
We	lls Fargo Insurance Services of West Vi	rginia	Inc 0.7 2012	E-MAIL ADDRES			(A/C, NO).		
41	Eagles Road		JUN 0 7 2012	ADDRE		URER(S) AFFOR	RDING COVERAGE		NAIC #
Bed	ckley, WV 25801-3643			INSURE	ITAIO #				
INSU	RED		DIV. OF OIL, GAS & MININ	INSURE	D 1	wood Casualt	y Insurance Company		35505
Hid	den Splendor Resources, Inc. & Mid Sta	ite Se	ervices, Inc.						
326	66 South 125 West			INSURER C :					
Prio	ce, UT 84501			INSURE					
		TIFIC	CATE NUMBER: 4413788	INSURE	KF:		REVISION NUMBER: 5	coo bol	
	HIS IS TO CERTIFY THAT THE POLICIES			VF BFF	N ISSUED TO				
IN CI EX	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA	REMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAVE ISUBRI	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
LTR	TYPE OF INSURANCE	INSR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	T	
Α	GENERAL LIABILITY	X	Binder		06/04/12	06/04/13	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC						COMPINED OINOLE LIMIT	\$	
Α	AUTOMOBILE LIABILITY		Binder		06/04/12	06/04/13	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	UMBRELLA LIAB X OCCUR		Binder		06/04/12	06/04/13	EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED RETENTION\$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC455592		09/30/11	09/30/12	X WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				30,00,12	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ttach ACORD 101, Additional Remarks	Schedule,	if more space is	required)			
Uta	ah Division of Oil, Gas and Mining as Ad	ditiona	al Insured; General Liability Co	overage	with respects	to Horizon N	Mine Permit #ACT/007/02	C	
CE	RTIFICATE HOLDER			CANC	ELLATION				
				T					

Utah Division of Oil, Gas and Mining 1594 W North Temple Suite 1210

Salt Lake City, UT 84114-5801

(This certificate replaces certificate# 4409988 issued on 6/1/2012)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 

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	ne terms and conditions of the policy, ertificate holder in lieu of such endors				ndorsement. A s	tatement on th	is certificate does not c	onfer	rights to the	
PRO	DUCER			RECEIVED	CONTACT NAME:					
Cor	mmercial Lines - (304) 252-6375				PHONE (A/C, No, Ext):		FAX (A/C, No):			
We	ells Fargo Insurance Services of West Virg	ginia	Inc.	IIIN 07 2012	E-MAIL ADDRESS:					
41	Eagles Road			3011		INSURER(S) AFFOR	RDING COVERAGE		NAIC#	
Bed	ckley, WV 25801-3643			DIV. OF OIL, GAS & MININ	INSURER A : Gr	eat Midwest Ins	urance Company			
	JRED				INSURER B: RO	ckwood Casual	ty Insurance Company		35505	
	lden Splendor Resources, Inc. & Mid Staf	te Se	ervices	s, Inc.	INSURER C :					
326	66 South 125 West				INSURER D:					
_					INSURER E :					
-	ce, UT 84501				INSURER F:					
				NUMBER: 4409988	/E DEEN 10011ED	TO THE INCHES	REVISION NUMBER: S			
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH F	QUIF PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRA ED BY THE POLIC BEEN REDUCED !	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS	
INSF:		ADDL SUBR INSR WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS			
Α	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		Binder	06/04/12		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000	
	92						PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION\$						¥ WC STATU- OTH-	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC455592	09/30/11	09/30/12	X WC STATU- TORY LIMITS ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	Attach A	ACORD 101. Additional Remarks	Schedule, if more space	ce is required)	<u> </u>			
	ah Division of Oil, Gas and Mining as Add				-		Mine Permit #ACT/007/02	0		
				,						
CEI	RTIFICATE HOLDER				CANCELLATIO	N				

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